



DECLARATION AND POWER OF ATTORNEY FOR ORIGINAL U.S. PATENT APPLICATION

Attorney's Docket No. AND1P067

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHOD AND ARTICLE OF MANUFACTURE FOR PROVIDING A COMPONENT BASED INTERFACE TO HANDLE TASK DURING CLAIM PROCESSING, the specification of which,

(check one)

1. ☐ is attached hereto.
2. ☒ was filed on May 4, 1999 as
U.S. Application Serial No. 09/305,331
and was amended on _____.
3. ☐ was filed on _____ as
International PCT Application Serial No. _____
and was amended on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, CFR § 1.56.

I hereby claim foreign priority benefits under Title 35, United States code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Benefits Claimed?

_____ (Appl. No.)	_____ (Country)	_____ (Filing Date)	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Appl. No.)	_____ (Country)	_____ (Filing Date)	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Appl. No.)	_____ (Country)	_____ (Filing Date)	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below:

_____ (Application Serial No.)	_____ (Filing Date)
_____ (Application Serial No.)	_____ (Filing Date)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

Prior U.S. Application(s)

(Application Serial No.)

(Filing Date)

(Status - patented, pending, abandoned)

(Application Serial No.)

(Filing Date)

(Status - patented, pending, abandoned)

And I hereby appoint the law firm of Hickman Stephens & Coleman, including Paul L. Hickman (Reg. No. 28,516); L. Keith Stephens (Reg. No. 32,632); Brian R. Coleman (Reg. No. 39,145); Michael E. Melton (Reg. No. 32,276); Jerray Wei (Reg. No. 43,247); Kevin J. Zilka (Reg. No. 41,429); Robert D. Hayden (Reg. No. 42,645); and Dominic Kotab (Reg. No. 42,762) as my principal attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Send Correspondence To:

**HICKMAN STEPHENS & COLEMAN, LLP
P.O. BOX 52037
Palo Alto, California 94303-0746**

Direct Telephone Calls To:

L. Keith Stephens at telephone number (650) 470-7430

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Typewritten Full Name of
Sole or First Inventor: _____

George V. Guyan

Citizenship: _____ USA

Inventor's signature: _____

Date of Signature: _____

Residence: (City) _____ Bethlehem

(State/Country) _____ Pennsylvania/USA

Post Office Address: _____ 3395 Darien Road, Bethlehem, Pennsylvania 18020-1316

Full Name of Second Joint
Inventor (if any): _____

Robert H. Pish

Citizenship: _____ USA

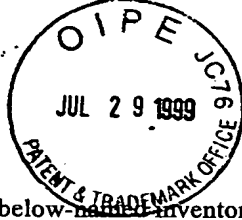
Inventor's signature: _____

Date of Signature: 7/5/99

Residence: (City) _____ Minneapolis

(State/Country) _____ Minnesota/USA

Post Office Address: _____ 1250 Hennepin Avenue, #D410, Minneapolis, Minnesota 55403



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Prior Foreign Application(s)

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_____ (Appl. No.)	_____ (Country)	_____ (Filing Date)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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And I hereby appoint the law firm of Hickman Stephens & Coleman, including Paul L. Hickman (Reg. No. 28,516); L. Keith Stephens (Reg. No. 32,632); Brian R. Coleman (Reg. No. 39,145); Michael E. Melton (Reg. No. 32,276); Jerray Wei (Reg. No. 43,247); Kevin J. Zilka (Reg. No. 41,429); Robert D. Hayden (Reg. No. 42,645); and Dominic Kotab (Reg. No. 42,762) as my principal attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

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Typewritten Full Name of
Sole or First Inventor:

George V. Guyan

Citizenship: USA

Inventor's signature:

George V. Guyan

Date of Signature: July 1, 1999

Residence: (City)

Bethlehem

(State/Country) Pennsylvania/USA

Post Office Address:

3395 Darien Road, Bethlehem, Pennsylvania 18020-1316

Full Name of Second Joint
Inventor (if any):

Robert H. Pish

Citizenship: USA

Inventor's signature:

Date of Signature: _____

Residence:

(City)

Minneapolis

(State/Country) Minnesota/USA

Post Office Address:

1250 Hennepin Avenue, #D410, Minneapolis, Minnesota 55403